

**Board of Registration in Medicine**  
**200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880**  
**Telephone: (781) 876-8210 Fax: (781) 876-8383**  
**www.mass.gov/massmedboard**

<b>ELECTRONIC HEALTH RECORDS (EHR) WAIVER REQUEST</b>
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Board requires that a licensee demonstrate proficiency in the use of electronic health records. A waiver request must be submitted at least 30 days prior to the renewal date.

A written statement explaining the reason(s) for requesting a waiver must be submitted and signed under the penalties of perjury.

1. Please explain your failure to demonstrate proficiency in the use of electronic health records.

☐ Prolonged illness

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your plan for demonstrating proficiency in the use of electronic health records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned applicant, hereby certify that all information included in this waiver request for demonstrating proficiency in the use of electronic health records constitutes a true statement made under the penalties of perjury.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Board, in its discretion, may grant a 90-day waiver of the EHR requirement. A licensee who receives a waiver is not relieved of any other obligations under M.G.L. c.112 or the regulations issued thereunder.

**PLEASE RETURN YOUR RENEWAL APPLICATION ALONG WITH THIS FORM TO THE  
RENEWAL DEPARTMENT AT THE BOARD OF REGISTRATION IN MEDICINE.**